Transmittal #91-25

Revision: HCFA-PM-91-4

HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.6-A

Page 11

OMB No.: 0938-

OREGON State: Condition or Requirement Citation For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--Χ SSI methods only. SSI methods and/or any more liberal methods. than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 91-25
Supersedes 1-21
Approval Date 1/23/92
Effective Date 1///91
HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	OREGON		
	ELIGIBILITY (CONDI	TIONS AND REQUIREMENTS
Citation(s)	Cor	nditio	on or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	e.	child child sect and	rty level pregnant women, infants, and dren. For pregnant women and infants or dren covered under the provisions of ions 1902(a)(10)(A)(i)(IV), (VI), and (VII), 1902(a)(10)(A)(ii)(IX) of the Act— The following methods are used in determining countable income: The methods of the State's approved AFDC plan. The methods of the approved title IV-E plan. The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		OREGON											
	ELIGIBILITY	CONDITI	ons	AND	REQ	UIRE	MENT	rs					
Citation(s)	Co	ondition	or	Req	uire	ment	:						
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1902(e)(6) of the Act		; ; ; ;	eligi 1902 egan ami o-da	ible (a)(rd t ly o ay p rema	und 10) o an f wh	of the character of the	the plangershed	provi Act a es in is a her	ision as el n ind a men pred	ns o ligi come mber gnan	f seble, of f, fo	ctio wit	hout e and
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	Medica 1902(a method	ninin are l a)(1 ds a	ng c bene 0)(E re u	ount fici ()(i)	table iarie) of	e inc es co the	over Act	for ed u	qua nder e fo	secollow	tion ing	ı
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TN No. 92-5
Supersedes
TN No. 91-25
Approval Date 5-14-92
Effective Date 1-1-92

Transmittal #93-5 ATTACHMENT 2.6-A Page 12a

Revision: HCFA-PM-93-2

(MB)

MARCH 1993

State:

OREGON

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 7/2/93 ____ Effective Date 4/1/93 Supersedes Approval Date TN No.

Transmittal #92-3 ATTACHMENT 2.6-A Page 12b OMB No.:

Revision: HCFA-PM-91-8 (MB)

October 1991

State/Territory: OREGON

Citation	Condition or Requirement
1902(u) of the Act	(h) COBRA Continuation Beneficiaries In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: The disregards of the SSI program;
	The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
	NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).
īn no. 92-3	
Supersedes	Approval Date 4/8/92 Effective Date 1/1/92
	HCFA ID: 7985E

TRANSMITTAL #98-11
ATTACHMENT 2.6-A
PAGE 12c
OMB NO:

State/Territory: Oregon

Citation		Groups Covered			
1902(a)(10)(A) (ii)(XIII) of the Act	(i)	Working Disabled Who Buy Into Medicaid			
	In determining countable income and resources for Working Disabled individuals who buy into Medicaid, the following methodologies are applied:				
	. []	The methodologies of the SSI program.			
		The agency uses methodologies for the treatment of income and resources more restrictive that the SSI Program. These more restrictive methodologies are described in Supplement 4 to attachment 2.6-A.			
	[X]	The agency uses more liberal income and/or resource methodologies than the SSI Program. More liberal income methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to attachment 2.6-A.			
	[X]	The agency requires individuals to pay premiums or other cost sharing charges. The premium or other cost sharing charges, and how they are applied, are described in attachment 2.6-A, page 12d.			
	TN • 9 SUPERSET TN • 5	DES EFFECTIVE DATE			

TRANSMITTAL #98-11
ATTACHMENT 2.6-A
PAGE 12d
OMB NO:

State/Territory: Oregon

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Oregon

ESTABLISHMENT AND APPLICATION OF A PREMIUM OR OTHER COST SHARING CHARGES

Section 1902(f) State

[X] Non-Section 1902(f) State

- 1. The following premium or cost sharing procedures shall be utilized:
 - (a) Any Working Disabled individual who receives Medicaid benefits shall be subject to cost sharing.

The amount of the individual's cost share shall be based on a progressive rate dependent on adjusted income in excess of 200% of the Federal Poverty Level. The minimum rate shall be 2% and the maximum rate shall be 10%.

(b) Any unearned income in excess of the amount exempted under supplement 8a to attachment 2.6-A, page 2 shall be given to the state as cost-sharing.

TN • 98 -// SUPERSEDES TN •	DATE APPROVED 9/24/98 EFFECTIVE DATE 10 GG
COMMENTS	

Transmittal #91-25

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Page 13

OMB No.: 0938-

AUGUST 1991
State: ___

OREGON

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

// The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship.

Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10) of the Act

<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 9/-25
Supersedes
TN No. 89-7

Approval Date 1/23/92

Effective Date 1/1/9/

HCFA ID: 7985E

Transmittal #91-25

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A Page 14

OMB No.: 0938-

State: ____

OREGON

Condition or Requirement

Citation 42 CFR 435.732,

435.831

 Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either 1 emmonth(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.
 - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 9/-25 Supersedes TN No. 89-3	Approval Date 1/23/92	Effective Date 11/1/91
IN NO		HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

Transmittal #92-3
ATTACHMENT 2.6-A
Page 14a
OMB No.

State/Territory: _		OREGON			
Citation		Conditio	n or Requirement		
1903(f)(2) of		y Needy (Continu	ed) e exceeds the MNIL		

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 92-3 Supersedes TN No. Approval Date 4/8/92

Effective Date 1/1/92

HCFA ID: 7985E/